

Appendix 1: Description of HEDIS 2005 Measures (Measurement Year 2004)

The measures examined from the **Effectiveness of Care Domain** include:

- **Childhood Immunization Status**—the percentage of children that receive the appropriate immunizations by their second birthday
 - Four shots of DTaP (diphtheria-tetanus-pertussis)
 - Three OPV/IPV (oral or injectable polio virus)
 - One dose of MMR (measles-mumps-rubella)
 - A minimum of two Hib (haemophilus influenza type B)
 - Three Hepatitis B
 - One VZV (chicken pox)
 - Combination #1—children who have received all the vaccines listed above except for the VZV vaccine
 - Combination #2—children who have received all the vaccines in combination #1 and at least one VZV
- **Adolescent Immunization Status**—the percentage of 13 year-olds that received all of the appropriate immunizations
 - MMR-2 (second dose of measles-mumps-rubella)
 - Three Hepatitis B
 - VZV (chicken pox, if they have not already had the disease)
 - Combination #1—adolescents who received the MMR-2 and Hepatitis vaccines as specified above
 - Combination #2—adolescents who received all the vaccines in combination #1 and at least one VZV
- **Appropriate Testing for Children With Pharyngitis**--- the percentage of children 2–18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode. This measure assesses the adequacy of clinical management of pharyngitis episodes for members who received an antibiotic prescription.
- **Appropriate Treatment for Children With Upper Respiratory Infection**--- The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the Episode Date. This process measure assesses if antibiotics were inappropriately prescribed for children with URI.
- **Breast Cancer Screening**—the percentage of female members from age 52 to 69 who had at least one mammogram during the past two years.
- **Cervical Cancer Screening**—the percentage of women, age 21 to 64, who had at least one Pap test during the past three years.
- **Colorectal Cancer Screening**---the percentage of adults 50–80 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined by any one of the four criteria below:
 - fecal occult blood test (FOBT) during the measurement year

- flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
 - double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year. Clinical synonyms, including air contrast enema may also be used
 - colonoscopy during the measurement year or the nine years prior to the measurement year
- **Chlamydia Screening in Women**—assesses the percentage of sexually active women, age 16 to 25, who were screened for chlamydia at least once during the measurement year
 - Women age 16-20
 - Women age 21-25
 - Total women age 16-25
- **Controlling High Blood Pressure**—looks at whether blood pressure was controlled among adults, age 46 to 85, who were diagnosed with hypertension
- **Beta Blocker Treatment After a Heart Attack**—looks at one way of preventing a second heart attack—it estimates the number of members, ages 35 and older, who were discharged from the hospital after surviving a heart attack and subsequently received a prescription for a type of drug called a beta blocker (excluding those members who have a valid reason to not take the drug)
- **Cholesterol Management After Acute Cardiovascular Events**—assesses two components of cholesterol management for persons who are known to have heart disease by virtue of having had an acute cardiovascular event within the prior year
 - LDL-C screening
 - LDL-C level below 130 mg/dL
 - LDL-C level below 100 mg/dL
- **Comprehensive Diabetes Care**—looks at how well a health plan cares for common and serious chronic diabetes in members age 18 to 75
 - Glycohemoglobin (HbA1c) blood test
 - Poorly controlled diabetes (HbA1c>9.0 percent)
 - LDL-C screening
 - LDL-C level below 130 mg/dL
 - LDL-C level below 100 mg/dL
 - Eye exam
 - Kidney Disease Screening
- **Use of Appropriate Medications for People with Asthma**—evaluates whether members with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma
 - Age 5-9
 - Age 10-17
 - Age 18-56
 - Combined ages

- **Follow-up After Hospitalization for Mental Illness**—looks at the continuity of care for mental illness by estimating the percentage of members, age six or older, who were hospitalized for selected mental disorders and were subsequently seen on an outpatient basis by a mental health provider after their discharge
 - 30 day follow-up
 - 7 day follow-up
- **Antidepressant Medication Management**—looks at whether people treated with drugs for depression are getting good care
 - Optimal Practitioner Contacts for Medication Management—at least three follow-up office visits
 - Effective Acute Phase Treatment—three months
 - Effective Continuation Phase Treatment—six months

Measures examined from the **Use of Services** domain include:

- **Adults' Access to Preventive/Ambulatory Health Services**—indicates whether adult members are getting preventive and ambulatory services from their plan and looks at the percentage of members who have had a preventive or ambulatory visit
 - Age 20-44
 - Age 45-65
 - Age 65 and older
- **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**--- this measure calculates two rates using the same population of members with Alcohol and Other Drug (AOD) dependence:
 - Initiation of AOD Dependence Treatment: The percentage of adults diagnosed with AOD dependence who initiate treatment through either:
 - ❖ an inpatient AOD admission, or
 - ❖ an outpatient service for AOD dependence and an additional AOD services within 14 days
 - Engagement of AOD Treatment is an intermediate step between initially accessing care (in the initiation treatment) and completing a full course of treatment. This measure is designed to assess the degree to which members engage in treatment with two additional AOD services within 30 days after initiation.
- **Children's Access to Primary Care Practitioners**—looks at visits to pediatricians, family physicians and other primary care providers as a way to assess general access to care for children
 - Age 12-24 months
 - Age 25 months-6 years
 - Age 7-11
 - Age 12-19
- **Prenatal and Postpartum Care**
 - Timeliness of prenatal care—the percentage of pregnant women who began prenatal care during the first 13 weeks of pregnancy or within 43 days of enrollment if a woman was more than 13 weeks pregnant when she enrolled
 - Postpartum care—the percentage of women who had live births and who had a postpartum visit between 21 days and 56 days after delivery.

Measures examined from the **Access/Availability of Care** domain include:

- **Adolescent Well-Care Visits**—looks at the use of regular check-ups by adolescents. It reports the percentage of adolescents 12-21 who had one or more well-care visits with a primary care provider or OB/GYN during the measurement year.
- **Well-Child Visits in the First 15 Months of Life**—looks at the adequacy of well-child care for infants. It estimates the percentage of children who had six or more visits by the time they turn 15 months of age.
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life**—looks at the use of routine check-ups by preschool and early school aged children who are 3, 4, 5, and 6 years old who received at least one well-child visit with a primary care practitioner during the measurement year.